



Upload the complete and fully signed form with the relevant report.

Scholarship and Reporting Details

Student Name:

Project Title:

THRF ID:

Report Type *(select one)*:

Progress report

Completion report

Follow-up report

Primary Supervisor Endorsement

Primary Supervisor Name:

Position:

Certification (please tick):

As Primary Supervisor, I am satisfied the Report is accurate and complete,
and I endorse its submission.

Signature: _____

Date: _____

Administering Institution Certification by DVCR (or their authorised delegate)

Reports will only be accepted if appropriately certified by an authorised delegate of the Administering Institution.

Depending on the institution, certification may be arranged by contacting either the Research Office or the area responsible for graduate research at the enrolling university. If further advice is needed, please contact savelives@hospitalresearch.com.au.

Administering Institution: _____

Authorised Delegate Name:

Authorised Delegate Position:

Certification (please tick):

On behalf of the Administering Institution, I certify that this report is accurate and complete,
and approve its submission to THRF Group.

Signature: _____

Date: _____